

**Combined Meeting of  
Blueprint Executive Committee Meeting and  
Blueprint Expansion, Design and Evaluation Committee  
Minutes of  
April 9, 2013  
8:30 – 10:30**

**Present:** J. Batra, P. Biron, K. Brown, G. Butala, P. Cobb, T. Dolan, E. Emard, S. Fine, L. Francis, S. Frey, C. Fulton, E. Girling, B. Grause, M. Hartman, A. Hawkinson, K. Hein, C. Jones, P. Jones, J. Krulewitz, C. Kulczyk, P. Launer, N. Lovejoy, M. McAdoo, E. McKenna, L. McLaren, S. Meier, S. Narkewicz, D. Noble, C. Perpall, J. Peterson, A. Ramsay, P. Reiss, L. Ruggles, J. Samuelson, M. Scholten, B. Steckle, B. Tanzman, J. Trottier, B. Warnock, L. Watkins, J. Flynn Weiss, R. Wheeler, M. Young

The meeting opened at 8:35 a.m.

**I. Quality Improvement Initiatives across Communities:**

Many state-wide quality improvement initiatives are currently taking place. Jenney Samuelson, Assistant Director of the Blueprint and Miriam Sheehy, RN, Blueprint Practice Facilitator highlighted two such initiatives.

Miriam Sheehy gave a PowerPoint presentation titled “Vermont’s Asthma Learning Collaborative. A look at working on health care delivery to one population of patients.” This was an extensive analysis to improve adherence to evidence based guidelines in primary care management of asthma and to utilize documentation tools to guide evidence-based care. Miriam stated that they worked with pediatricians from around the state and a total of 15 practices participated in the collaborative. Process and system changes were made in the primary care practices. All practices showed improvement on many of the measures.

Other examples of community quality improvement initiatives include the CHAMP Immunization Project as well as the Chittenden County Collaboration.

Alan Ramsey asked if practices were measuring the PMPM costs for these quality initiatives. The Green Mountain Care Board and the payers need to know what the costs for quality initiatives are to the practices. This is a very important discussion and it may be time to revisit how to link these costs to the payment model.

## II. **Hub & Spoke Implementation:**

Beth Tanzman gave a PowerPoint presentation titled, Hub and Spoke Medication-Assisted Treatment for People with Opioid Dependence.

### Highlights:

- Increasing rates of opioid dependence being seen in Vermont
- Evidence of network inadequacy, poor patient outcomes, high health care expenditures, program and funding silos
- We do have very effective treatment available but there continue to be access issues
- Commercial insurances have been paying for treatment and continue to have the same access issues as the Medicaid population
- Spoke staff will be in place in most counties in Vermont by July
- We do have pediatric practices participating with us on these initiatives.
- Programmatic framework and staffing were discussed
- Currently there are 150 MDs who are prescribing Buprenorphine. There are currently no providers in Addison County. We are trying to engage providers to open up their practices. FDA will only allow MD's to prescribe these drugs.
- Payment reforms and financing were discussed. We need to look at different payment models for physicians agree to take on these patients and services.

With no further time, the meeting adjourned at 10:35 a.m. We will look at new trends at the next meeting.